

FILED MAY 4 1955 STANDARD CERTIFICATE OF DEATH

14432

State File No.

BIRTH NO.		REG. DIST. NO. <u>352</u> PRIMARY REG. DIST. NO. <u>4517</u> Registrar's No. <u>24</u>	
1. PLACE OF DEATH a. COUNTY <u>Taney</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Taney</u>	
b. CITY OR TOWN <u>Boonville</u> c. LENGTH OF STAY (If in place) <u>86 hr</u>		c. CITY OR TOWN <u>Miney</u> d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Rural</u> <u>1060</u>	
3. NAME OF DECEASED a. (First) <u>James</u> b. (Middle) <u>Peter</u> c. (Last) <u>France</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-23-55</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>3-28-1873</u>
9. AGE (In years) (Month) (Day) <u>82</u>		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Boon Co Ark</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Daniel France</u>		13b. MOTHER'S M maiden name <u>Mable Wilkerson</u>	
14. NAME OF HUSBAND OR WIFE <u>Syntha France</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>No</u> (If yes, give war or dates of service) <u>none</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Syntha France</u> ADDRESS <u>Miney</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular accident</u> ANTECEDENT CAUSES (b) <u>Generalized arteriosclerosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Nov-6-54</u> to <u>4-23, 1955</u> , that I last saw the deceased alive on <u>4-22, 1955</u> , and that death occurred at <u>1:24 pm</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W C Magnus</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Branson, MO</u>	
23c. DATE SIGNED <u>4/24/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>4-26-55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>New Hope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Boonville Ark Rural</u>	
DATE REC'D BY LOCAL REG. <u>4/30/55</u>		REGISTRAR'S SIGNATURE <u>Helen Campbell</u> 514-70	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. H. Funeral Home</u>		ADDRESS <u>Boonville MO</u>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 2277

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.